15/5/2010

INS. CASE OWNER: OH Vale 6568804897

CC4/ASM22005167/Eea3

LKK:

IDAC: 263252

ASSIGNMENT

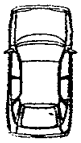
Surveyor: STEVE

DOI: 03/05/2022

Date / Time : 31/05/2022

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7488M

Claim No. : S2M03W61

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : P2465679

Insured Tel No. :

HP:

Make / Model : HYUNDA I40

Excess Sec II :S$

D.O.A : 04/01/2022 13:15

Place of Accident : 80 Bras Basah Rd, Singapore 189560

Is driver the owner? (YES / NO)

Nature of Accident :

If **NO**, Driver Name / Age : KOW PANG SUAN

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

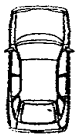
Driver Tel No. :

(V/L: YES / NO)

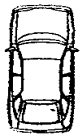
Insured Liability : %

Final ? Yes / No

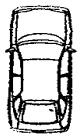
GBL 190Y → → →



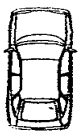
INSRS:
WSP: Skylink Engineering
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
SH 7488M -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	STAGE	DATE / PIC
	CC3/AIG10005700/Da2f2q2 17/02/2011 SH 7488M SJB 9394A 21/03/2010 18/02/2011 CPH	Non-Reporting ltr (1st):	
	CC3/CTI22000252/Vgs3 08/01/2022 SH 7488M GBL 190Y 04/01/2022 LSL1	Non-Reporting ltr (2nd):	
	CS/FCI13010866/T1vd1 03/07/2013 SJD 6887D SH 7488M 12/06/2013 09/07/2013 CMJ	Non-Reporting ltr (Final):	
	CS/FCI15009442/Uty3d1 15/06/2015 FY 4070T SH 7488M 28/05/2015 17/06/2015 KYS	Notification ltr (if non-pickup):	
	CS/FCI19011220/Ksd3n2 24/07/2019 SHD 9905P SH 7488M 21/06/2019 25/07/2019 NVT	Call OI:	
	CS/TMI19002735/K1vd3n2 18/02/2019 SH 7488M SFC 6116Z 12/02/2019 19/02/2019 NVT	After call ltr to OI:	
	NS/INC16014656/H1vh3n2 15/08/2016 SH 7488M SBL 9863E 04/08/2016 15/08/2016 CCY		
GBL 190Y -	CC3/CTI22000252/Vgs3 ; 04.01.2022	**Documentation Check List:**	**Handler** / **Typist**
	*** CLAIMING EACH OTHERS ***	Notification ltr (if non-pickup)	
		After call ltr to OI:	
		Authorisation To Act:	
		Release Voucher:	
		Final Repair Bill:	
		Car Rental Invoice:	
		Towing Invoice	
		LTA / GIA :	
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by: CTY
Repair Cost: L/S	S$2,750.00 (5 days)	Reduction: 66 %	Email Call
FINAL SETTLEMENT	Date/Time:	Confirm with	Email Call
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only LOU only	LOR + LOU LOR + LOI	[**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP/WP
Legal Cost	S$		3) Survey fee: $250
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email Call
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	